

Offender Grievance**ROBBINS, MARQUISE ALI-GDC ID 1000413667****Grievance No. 132578 - Status: FORWARDED TO INTERNAL INVESTIGATION**Click [here](#) for printer friendly version.

Facility Grievance Against:	BALDWIN STATE PRISON	Grievance Type:	FORMAL
Grievance Date:	09/19/2012	Form Received Date:	09/24/2012
Expedited Grievance:	NO	Grievance Category:	SEXUAL HARASSMENT
Complaint/Resolution:	On this said date I was attacked and sexually assaulted by a gang of inmates. Before I was tortured and tied in the bathroom I proceeded to bang on the door and call for help. No officer came to my aid. Resolution: Honestly I dont know what can be done about this but the two officers who worked that day were Officer Carter and Officer Davis. If they would of done their job they would have prevented this.		

[Click Here to Add a Person](#)[Click Here to Link to an Incident Report](#)

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Send your system questions and recommendations to us

INSTITUTION	GRIEVANCE NUMBER
DATE FORM ISSUED TO INMATE	BY
DATE COMPLETED FORM RECEIVED FROM INMATE	BY
DATE APPEAL RECEIVED	BY

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT: On the day of 9/12 I was sexually assaulted by a group of I/M's. I was taken to the infirmary and treated. I was then taken to the jail and held for 24 hours. There was a (fear) to go to the hospital but the doctor was not there. I was then taken to the jail and held for 24 hours.

RESOLUTION REQUESTED: I am requesting that the alleged I/Ms should be expelled.

INMATE'S SIGNATURE Margaret Collins DATE 10/14/12

Is this grievance being filed within the 5 day time limit? Please answer Yes or No. If the answer is No, please explain why.

WARDEN'S / SUPERINTENDENT'S RESPONSE

10/15/12
WARDEN RECEIVED DATE

According to Dr. Sloan I/M was sexually assaulted by a gang of I/M's. However, the charge could not be substantiated. Specialized Counseling for I/M has been made available. All efforts are being made to keep this I/M safe. Therefore, this grievance should be closed.

[Signature]
WARDEN'S / SUPERINTENDENT'S SIGNATURE DATE FORWARDED TO INMATE 10/15/2012

☐ APPEALABLE ☐ NOT APPEALABLE ☐ SUSPEND PENDING INTERNAL INVESTIGATION

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE.

INMATE'S SIGNATURE (REQUIRED) Margaret Collins DATE 10/17/12

IF YOU APPEAL, RETURN THIS FORM AND THE APPEAL FORM TO YOUR COUNSELOR OR GRIEVANCE COORDINATOR, WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF THE WARDEN'S / SUPERINTENDENT'S RESPONSE.

COMMISSIONER'S OFFICE, EXECUTIVE ASSISTANT'S RESPONSE

10/19/12
EXECUTIVE ASSISTANT RECEIVED DATE

[Signature]
EXECUTIVE ASSISTANT'S SIGNATURE DATE FORWARDED TO INMATE 10/19/12

WHITE COPY - RETAINED BY INMATE AT COMPLETION OF PROCESS CANARY COPY - RETURNED TO INMATE AT TIME OF APPEAL
PINK COPY - RETAINED BY WARDEN / SUPERINTENDENT AFTER RESPONSE

RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL

INMATE'S NAME Margaret Collins ID.# 107841361

I ACKNOWLEDGE RECEIPT OF GRIEVANCE FORM FROM THE ABOVE INMATE. FORM NUMBER 144954

DATE 10/19/12 COUNSELOR'S SIGNATURE [Signature]

RETENTION SCHEDULE: - Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office.

EXHIBIT C

COPY
INMATE
AFFAIRS

ON THE EXACT DATE OF 9/1/12 I WAS ATTACKED AND SEXUALLY ASSAULTED BY A GANG OF INMATES. BEFORE I WAS TORTURED AND TIED IN THE BATHROOM, I PROCEEDED TO BANG ON THE DOOR AND CALL FOR HELP. THERE WAS NO OFFICER TO COME MY AID. IT WAS THEN WHEN I WAS ATTACKED FROM BEHIND AND CARRIED TO THE BATHROOM. MY LIFE COULD HAVE BEEN TAKEN AND THERE WERE NO CAMERAS TO DISPLAY WHAT TOOK PLACE IN THE DORMITORY. BESIDES BECOMING A VICTIM, I HAVE SEEN NO SPECIALIZED COUNSELING. IM LOCKED IN A CELL SLEEPLESS WITH PAINFUL AND AGONIZING MEMORIES THAT HAS STRIPPED THE DIGNITY FROM ME, AS A MAN, AND AS A HUMAN BEING.

10/17/12

EXHIBIT "B"

DEC 4, 2012

DEAR WARDEN OUBRE,

IM WRITING YOU ON BEHALF OF A ISSUE DEALING WITH MY SAFETY. DUE TO THE CIRCUMSTANCES OF WHAT HAPPENED WITH MY CASE. THERE HAS BEEN A (HIT) PUT OUT FOR MY LIFE. ME AND MY FAMILY ARE VERY WORRIED ABOUT THIS SITUATION AND BEEN TRYING TO GET IN CONTACT WITH THE COMMISSIONER.

MY MOM HAS BEEN TRYING TO CONTACT YOU SO SHE CAN FIND OUT WHO TO TALK TO ABOUT THIS. I WILL LEAVE HER NUMBER SO YOU CAN DISCUSS THESE ISSUES WITH HER.

TO GET TO THE POINT OF MY LETTER, IM ASKING YOU TO PLEASE ALLOW ME TO STAY HERE AT BALDWIN STATE PRISON. THERE'S NO WHERE ELSE I CAN GO AND BE SAFE. I DONT MIND BEING LOCKED-DOWN, AS LONG AS IM SAFE. I DONT DISRESPECT ANY OF YOUR STAFF OR SHOW ANY HARM TO ANYONE.

IF YOU LOOK IN MY FILE RECORDS THE ONLY NEGATIVE YOU WILL SEE, IS MY CHARGES, AND MAYBE TWO DR'S THAT I SHOULD NOT EVEN HAVE. MY MENTAL HEALTH COUNSELOR, MS. GRANT KNOWS ABOUT MY CASE. SHE CAN ALSO TELL YOU ABOUT MY BEHAVIOR. MY EX-SCHOOL G.E.D. TEACHER, MS. ROBBINS CAN ALSO VOUCH FOR MY BEHAVIOR AND HOW I CARRY MYSELF IN CLASS.

EVEN YOUR OFFICERS WILL CONFIRM THAT IM NO TROUBLE
HERE.

I RECEIVED MY G.E.D. HERE IN MAY OF 2012 AND
PLAN TO TAKE SOME CORRESPONDENCE COURSES TO
FURTHER MY EDUCATION.

IM TELLING YOU ALL THIS BECAUSE IM TRYING TO
MAKE SOMETHING OF MYSELF, AND MAKE IT HOME TO
MY FAMILY IN ONE PIECE. I JUST WANT ANOTHER
CHANCE AT LIFE, I DONT WANT TO DIE IN PRISON.

PLEASE HELP ME HELP MYSELF, AND BECOME A LAW
ABIDING CITIZEN. I ASK THAT YOU ALLOW ME TO PROVE
THAT IM NOT WHAT MY CHARGES SAY THAT I AM.
PLEASE LOOK INTO MY SITUATION. THANK YOU

SINCERELY,
M. A. Robbins

P.S.
MOTHER # (404) 246-4819
DIEDRA ROBBINS
CALL ANYTIME OR LEAVE MESSAGE

DEAR DOCTOR SLOAN,

IM WRITING YOU THIS LETTER TO YOU AND MS. REGISTER, TO GIVE A BRIEF STATEMENT ABOUT THE SEXUAL ASSAULT THAT OCCURRED ON SEPT 1, 2012. ENCLOSED ARE TWO FORMS OF DECLARATIONS, ONE FOR YOU AND THE OTHER FOR MS. REGISTER. OUT OF RESPECT FOR YOU AND MS. REGISTER I DECIDED NOT TO SUBPOENA YOU TO COME TO COURT SIMPLY BECAUSE YOU HAVE ACKNOWLEDGED THAT WHAT WAS DONE TO ME WAS WRONG AND UNJUSTIFIABLE. I HOPE THAT THIS CAN STAY BETWEEN THE THREE OF US AND JUSTICE PREVAILS. THE DECLARATION FORM WILL BE EASY TO UNDERSTAND AND COMPLETE. ALL IS NEEDED IS YOUR BRIEF STATEMENT OF THE FACTS AND YOUR SIGNATURE AT THE END. IF POSSIBLE I WOULD LIKE FOR YOU TO MAKE THREE COPIES OF EVERYTHING BESIDES THIS LETTER ENCLOSED. I UNDERSTAND THAT YOU ARE NOT OBLIGATED TO DO ANY OF THE THINGS I HAVE ASKED IN THIS LETTER. BUT I ALSO KNOW THAT IM NOT NOT THE ONLY ONE THIS HAS HAPPEN TO IN THEIR LIFE. SO I HOPE YOU WOULD GIVE ME THIS SMALL ASSISTANCE THAT I ASK OF YOU. PLEASE BRING THIS LETTER TO MS. REGISTER'S ATTENTION AS WELL.

SINCERELY,
Mangie Robbins
12/11/12

(2/15/96)

ATTACHMENT 3
SOP IIB05-0001

WITNESS STATEMENT

PLACE ADMINISTRATIVE SEGREGATION, K-1-18	DATE 1-29-13	TIME 9:55 A.M.	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME ROBBINS, MARQUISE, ALI	SOCIAL SECURITY ACCOUNT NO.	STATE SERIAL NUMBER 1000013667	
INSTITUTION OR ADDRESS Baldwin State Prison			

SWORN STATEMENT

I, MARQUISE ROBBINS, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON JAN 3, 2013,

SGT. DUNCAN, A OFFICER OF THE "CERT TEAM" CAME INSIDE MY CELL TO CONFRONT ME ABOUT MY LETTER I WROTE TO THE WARDEN, SHEILA CUBRE. IN MY LETTER TO THE WARDEN I ASKED FOR THE WARDEN TO ALLOW ME TO STAY IN SEGREGATION BECAUSE I FELT SAFE. SGT. DUNCAN TOLD ME THE WARDEN SENT HIM WITH A COPIE OF MY LETTER, TO PERSUADE ME TO COME OUT OF THE "HOLE". I TOLD SGT. DUNCAN THAT I HAD ALREADY EXPLAINED EVERYTHING TO WARDEN DUBRE IN MY LETTER AND I DIDNT FEEL IT WAS SAFE FOR ME TO TRANSFER ANYWHERE.

ON JAN 29, 2013, BETWEEN THE HOURS OF 9 A.M. & 10 A.M., SGT. DUNCAN APPROACHED INMATE ROBERT DENNIS IN CELL #19 WHICH IS DIRECTLY NEXT TO MY CELL, IN CELL #18. SGT. DUNCAN TOLD INMATE ROBERT DENNIS THAT HE WAS SENT BY THE WARDEN TO TALK TO HIM, ABOUT HIS ASSAULT. ROBERT DENNIS TOLD SGT. DUNCAN THAT HE MADE NUMEROUS ATTEMPTS TO NOTIFY STAFF AND SGT. DUNCAN, ON THE DAY HE ARRIVED THAT HE NEEDED TO BE PLACED IN A SAFE ENVIRONMENT. SGT. DUNCAN AGREED THAT HE DID REMEMBER ROBERT DENNIS TELLING SGT. DUNCAN THAT HE NEEDED TO BE HOUSED SOMEWHERE SAFE. ROBERT DENNIS TOLD SGT. DUNCAN THAT HE DOES NOT FEEL SAFE IN POPULATION AND HE WAS NOT COMFORTABLE TALKING TO SGT. DUNCAN. SGT. DUNCAN HANDED ROBERT DENNIS A COUPLE OF STATEMENT FORMS AND WALKED AWAY FROM INMATE ROBERT DENNIS CELL.

INITIALS OF PERSON MAKING STATEMENT

MR

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____ TAKEN AT ____ DATED ____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

(Reproduced locally)
 ATTACHMENT 3
 SOP HB05-0001
 (1/1/96)

STATEMENT CONTINUED

AFFIDAVIT

I, MARQUISE ROBBINS HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Marquise Robbins
 (Signature of Person Making Statement)

WITNESSES:

Robert Dennis GDC# 927784

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 20 ____

BALDWIN STATE PRISON

INSTITUTION OR ADDRESS:

 (Signature of Person Administering Oath)

 (Typed Name of Person Administering Oath)

INSTITUTION OR ADDRESS:

 (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

MR

PAGE ____ OF ____ PAGES

INMATE
AFFAIRS COPY

EXHIBIT "B"

1/30/13

DEAR M.S. FIELDS

IM WRITING YOU ON BEHALF OF A GRIEVANCE APPEAL, I SUBMITTED TO INMATE AFFAIRS IN THE MONTH OF OCT 2012. THE GRIEVANCE WAS ABOUT A SEXUAL ASSAULT I RECEIVED FROM A GANG OF INMATES INSIDE A BATHROOM OF DORMITORY G-2.

SINCE MY INTERVIEW WITH INMATE AFFAIRS IN LATE OCT OF 2012, I HAVE SEEN NO RESPONSE OR RESOLUTION TO THIS GRIEVANCE. THE "SOP" PROCEDURE SAYS THE INVESTIGATOR'S HAVE 90 DAYS TO RESPOND TO MY GRIEVANCE.

IT'S PAST THE DEADLINE FOR THE INMATE AFFAIRS PERSONNEL TO RESPOND AND I WOULD LIKE TO KNOW, WHEN WOULD I RECEIVE A RESPONSE? I ALSO WANT THE FULL NAMES OF THE OFFICIALS AND SUPERVISORS WHO ARE INVOLVED IN THIS GRIEVANCE COMPLAINT, ALONG WITH ANY OTHER INFORMATION THAT PERTAINS TO THIS COMPLAINT.

FURTHERMORE, I HOPE THAT YOU WILL ASSIST ME IN EVERY WAY POSSIBLE IN RECEIVING THIS INFORMATION THAT IM ENTITLED TO HAVE. IF IM NOT ENTITLED, THEN I SHOULD HAVE SOME WAY TO OBTAIN THIS INFORMATION AND REDRESS GRIEVANCES. I WILL ALSO SEND COPIES OF THIS LETTER TO OUTSIDE ORGANIZATIONS FOR PROOF OF TRYING TO OBTAIN THIS INFORMATION.

SINCERELY,
Margaret Robbins

IN THE SUPERIOR COURT OF BALDWIN COUNTY

Marquise Robbins
Plaintiff

v.
SHEILA OUBRE

K. CARTER #3060

A. DAVIS #2808
Defendants

DECLARATION
OF WAYNE SHAW

Civil Action
No. _____

Wayne Shaw hereby declares:

I have been incarcerated at Baldwin State Prison since Oct 2, 2012. Since Nov 6, 2012 I have been housed in K1, an Administrative Segregation dormitory. I am currently in cell 17, which is directly next to cell 18, and have been for over a month.

One day in the month of Nov, which I cant recall the actual date, I was talking to Marquise Robbins from my cell, which is right next to his. He explained to me how he was brutally attacked and assaulted, and how none of the officers who were working that day, did anything to aid and assist him when he was trying to gain help.

"Upon information and belief," I believe what Marguise Robbins has revealed to me is true because the exact same incident happened to me, but in a different dormitory.

I declare under penalty of perjury that the foregoing is true and correct. Executed at Hardwick, Georgia on Dec 15, 2012

Wayne C. Shaw
Signature

IN THE SUPERIOR COURT OF BALDWIN COUNTYMARQUISE ROBBINS #1000413667
PlaintiffV.
SHEILA OUBREK. CARTER # 3060A. DAVIS # 2808

Defendants

DECLARATION
OF ROBERT DENNISCivil Action
No. _____

Robert Dennis hereby declares:

I have been incarcerated at Baldwin State Prison since Nov 6, 2012. Since Nov 13, 2012, I have been housed in K1, a Administrative Segregation dormitory. I am currently in cell #19, which is directly next to cell #18, and have been since Nov 13, 2012.

Since I've been housed in cell #19, I've been talking to Marquise Robbins from my cell, which is right next to his. He explained to me how he was brutally attacked and assaulted by other inmates, and how none of the officers who were on that specific shift that day, did anything to aid and assist him when he was trying to gain help.

Upon information and belief, I believe what Marquise Robbins has revealed to me is true, because the same incident happened to me the day I arrived at Baldwin State Prison, but inside a different dormitory.

I declare under penalty of perjury that the foregoing
is true and correct. Executed at Hardwick, Georgia on
12/13/12

Robert Dennis #927784
Signature

Robert Dennis
Print NAME

EXHIBIT "J"

CHECKLIST OF STATE CRIMINAL LAWS PROHIBITING THE SEXUAL ABUSE OF PERSONS IN CUSTODY OF LAW ENFORCEMENT, LOCK-UP AND JAIL AUTHORITIES

NOTE: When the checklist indicates that a particular personnel or setting is covered under the law, either the words themselves (law enforcement, arrest, lock-up or jail) appear in the statute or a cross-referenced statute, or the law can reasonably be interpreted to cover those settings and/or personnel. Though staff sexual misconduct laws included in this chart may cover juveniles and private facilities, for the scope of this chart we have not analyzed the laws for their specific inclusion.

STATE AND STATUTE	Covers Law Enforcement*	Covers Jails	Covers Lock- ups*	Covers Arrest ^V	All Personnel Covered ⁺	Some Forms are Punishable as a Felony	Consent is Not a Defense
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battery & sexual misconduct
Florida Cont'

prohibited; reporting required;
penalties

FLA. STAT. ANN. § 944.35 (2006).

Sexual battery.

FLA. STAT. ANN. § 794.011 (2006).

Georgia

Sexual assault against persons in custody; sexual assault against person detained or patient in hospital or other institution; sexual assault by practitioner of psychotherapy against patient.

GA. CODE ANN. § 16-6-5.1 (2006).

✓ ✓ ✓ Volunteers not covered ✓ ✓

* Some state statutes use the word *police* or *sheriff*. For purposes of this checklist, if a statute uses the word *police* or *sheriff*, we assumed that all law enforcement is covered.

* If a state law contained the word *jail* and the word *local correctional facility*, *local correctional institution*, *county* or *city facility* etc., then we assumed that the state law intended to cover other local facilities such as lock-ups.

^V If a state law contained the word "arrest" or covers law enforcement personnel and contains phrases such as "having custody over the victim", "in the offenders care under authority of law", or "under the supervision of a city or county" then we assumed that the law intended to cover arrest.

⁺ All personnel are covered if the statute includes paid employees, volunteers, other state agency employees, and private/contract employees.

Smith Consulting

January 2007

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Page 6 of 23

to obtain

http://www.wcl.american.edu/nice/contact.cfm

Medical Consultation**OFFENDER ROBBINS, MARQUISE ALI - GDC ID: 1000413667**Located At: **BALDWIN STATE PRISON K-1-18-B**

Date Consult Ordered: 09/01/2012
Date Recorded: 09/04/2012
Consult Recorded by: JENNIFER POPHAM
Requesting Site: BALDWIN STATE PRISON
Consult Requested by: DR. DALRYMPLE
Service Requested: OTHER: EMERGENCY ROOM
Request Type: Urgent Initial
Offender Diagnosis: head trauma/facial trauma

Medical History: Inmate sent to ER 9-1-12 for head trauma and facial trauma.

Physical Findings:

Lab/Test Results:

List All Medications:

Specific Questions or Procedure Requested: Please evaluate and treat.

Utilization Management Decision:

Authority: PATRICIA W BROWN
Approved Service: OTHER: EMERGENCY ROOM
Approved Request Type: Urgent Initial
Decision: Approved for Local Outside Services.
Decision Date: 09/24/2012
Approval Tracking Number:
Comments and Justification:

Appointment Scheduling:

Provider Name: LOCAL PROVIDER
Appointment Location: OTHER/SEE COMMENTS
Appointment Date/Time: 09/25/2012 01:00 AM
Appointment Notes:
Transport Date: 09/25/2012
Transport Method: NO TRANSPORT NEEDED
Transport Notes:

Consultants Findings and Recommendations:

Service Delivered by: LOCAL ER
Service Delivered Date: 09/01/2012
Recommendations Notes: complete

Filed 09/16/13 Page 16 of 46

Name: BOBINS, MARQUISE
GDC#: 1000413667
Date of Birth: 3/2/83
Race: B Sex: Male

SUBJECTIVE: This 29 year old ☒ male ☐ female presents with the chief complaint of 1/M was
assaulted while in dorm by an
unknown number of attackers &
fists and possibly blunt objects &
shanks.

OBJECTIVE: Vital Signs: B/P 135/99 T 97.3 P 83 R 16 Wt. Unable to obtain
ALLERGIES: NICKEL

PHYSICAL FINDINGS: laceration (R) cheek; small lacerations x 2; face swollen & misshapen; eyes almost completely swollen shut; puncture wounds x 3 on (R) shoulder; facial bruising bilaterally.

ASSESSMENT: trauma E/T physical altercation
possible pneumothorax E/T puncture
wounds (unable to) pupillary response

PLAN: transport to ORMC for evaluation
via ambulance (911 notified @ 1110)

DISPOSITION: (All referrals must follow protocol guidelines including referral for any vital signs abnormalities.)
☒ REFERRAL ☐ STAT ☐ URGENT ☐ ROUTINE ☐ Appointment made Date: ____/____/____
☐ OTHER: _____

EDUCATION: take meds. as ordered. follow all ER instructions, 11AM EMT contacted

Signature _____

(REV. 11/10) NURSING ASSESSMENT FOR COMPLAINTS NOT SPECIFIC TO ANY OTHER PROTOCOL FORM
DO NOT WRITE ON BACK - USE BLACK INK ONLY

Watkin

report called to nurse Chris
C. GRMC

GEORGIA DEPARTMENT OF CORRECTIONS

PROGRESS RECORD
(MEDICAL-DENTAL)Facility: GDCPNAME: Robbins, MargareeSTATE I.D.#: 1000413667Date of Birth: 3/2/83Race: D Sex: M

Date/Time

8/1/12

1034

29 YO BM admitted to Infirmary for 23rd observation S/P Physical Altercation. Upon Assessment 1/11 has laceration on (R) Cheek, 2 small lacerations lacerations on (L) side of cheek. Swollen face. Both eyes almost closed; puncture wounds on (R) shoulder. And facial bruising. VS 134/82 8.5 18 99% Skin warm And Clo pain in facial Area.

0430

VS 128/78 79 16 97% 99% Clo Facial Pain. Gave Tylenol #3 11 po as ordered

GEORGIA DEPARTMENT OF CORRECTIONS

PROGRESS RECORD
(MEDICAL-DENTAL)Facility: GDCPNAME: Robbins, MarquiseSTATE I.D.#: 1000413667Date of Birth: 3/2/83Race: BSex: M

Date/Time

9-2-12	BP 128/57 T-99.1 P-86 R-18 OASAT 98%
0755	IM 23° OBS for physical altercation. IM resting in bed eyes closed. Easily awakened by voices. IM able to follow verbal commands. Edema noted to bilat eyes. (R) eye swollen shut. In Unable to evaluate PERRLA on (R) eye. PERRL noted (L) eye. AIO X3. No pain to facial area. Bruise not noted. Laceration noted on (R) cheek. E IM
1000	BP 104/72 T-96.8 P-72 R-16 OASAT-96%
1345	IM resting in bed eyes open. AIO X3.
	BP- 100/71 T-98.6 P-93 R-16 OASAT-98%
	IM sitting on side of bed watching TV. AIO X3. Talkative. Able to follow verbal commands. PERRL (L) eye Unable to open (R) eye d/t edema. C2 minor laceration
9/2/12	8:15 IM sitting on bed. No any pain reported. Ensure due to swollen (L) jaw has pain on chewing food. Received pain meds HUSAM
	O. Vitals signs BP 128/57 P-86 R-18 %sat 98% T-99.1
	facial swelling. eyes swollen almost closed
	Shut but able to open - Eye - Generalized Conjunctival hemorrhage both eyes PERRL Exam intact - No Hemorrhage
	swollen (L) jaw
	A - facial trauma & periorbital edema / conjunctival hemorrhage

Date/Time	
9/2/12	<p>P(1) Continue pain meds as prescribed</p> <p>(2) Easui 4 TID x 7d / Soft diet x 7d</p> <p>(3) 3x7 meals x 7 days cts snacks x 7d</p> <p>(4) 1cc paws TID x 7d</p> <p>(5) Gentamycin 50mg q8h cts 2 cts QID x 10d</p> <p>(6) Tylenol #3 11 TID x 7d PRN</p> <p>(7) Report given to Dr. Gardner above recommended</p> <p style="text-align: right;">- Alexander Bz</p>

PROGRESS RECORD (MEDICAL-DENTAL)

NAME: Reddick, Marquise

Date of Birth: 3/2/83

Race: PO Sex: M

[illegible]

Robbins, V

GEORGIA DEPARTMENT OF CORRECTIONS Intrasystem Transfer Form

File in Progress note section of the Health Record

 Name GDC ID# 1300413667
 ID No. ROBBINS, MARQUISE
 RACE: B, SEX: M, DOB: 03/02/83

DOB

Sending Facility: GDCP

Date 1/5/12

Time 0630 am pm

Document Medical Problems noted on the Problem List

1. PFB

2.

3.

Allergies

None

Current profiles or limitations

Ice Pack TID x 7 days

Medical Hold Initiated? ☐ N/A ☐ Yes ☒ No

Date of most recent Physical Exam 4/4/12

Consult pending? ☒ Yes ☐ No If yes, for Schedule Flu at here Camp toCIC? ☐ Yes ☒ No If yes, listMental Health Patient? ☒ Yes ☐ No If yes, list Level II

Additional Information

Date of most recent PPD 3/26/12

Date last seen and Date last seen

Date 9/4/12

Time 1910 am pm

Signature C. Dumas

RN LPN

Subjective:

New Intake

Objective:

B/P 138/94

HR 71

RR 16

Temp 98.4

Weight 161

#

Does the patient have skin lesions or "spider bites" anywhere? ☐ No ☒ Yes If yes, describe and refer to a clinician

Spider bites, Rash on arm

Assessment:

29 yr old New Intake

Plan:

Routine intake (access to care instructions given)

Next periodic PE scheduled for 3/4/13

Referred to Clinician Dr. Akers

Referred to Mental Health? ☐ N/A ☒ Yes ☐ No Therapeutic Diet

Next PPD or screening scheduled for 3/24/13

Current profiles or limitations

Housing? ☒ N/A ☐ Yes forListed on Intrasystem Log? ☒ Yes ☐ No

Signature

1.01 (rev 03/03)

DO NOT WRITE ON BACK

EM TRANSF

GEORGIA DEPARTMENT OF CORRECTIONS

MD, NP, PA Medical Encounter Form

Facility GDCP Date: SEP 04 2012 Time: 1300

GDC ID# 1000413667

ROBBINS, MARQUISE

RACE: B, SEX: M, DOB: 03/02/83

Da.

S: Patient states, with respect to his condition:

Type of Encounter: • Routine • Urgent/Emergent

HPI:

H/O head trauma / report FX - (report to taxed to GDCP. NIV & HA)

Other Medical/CIC Conditions:

Medications:

O: BP: 141/85 HR: 76 RR: 20 T: 97.8 Today's Wt 165 Previous Wt _____ on ____/____/____ (date)Peak Flow Measurement: _____ mL Pulse Ox: _____ % (• Room air • O₂ @ _____ Liters) Finger stick glucose _____ mg/dL

PE Findings:

General: (+) Soft tissue swelling/brown areas eyes (+) Subconjunctival hemorrhage bilateral, conjunctiva & d.c.

Recent Lab/Diag. Test Results:

A: DSIP Physical assault & head trauma

P: Diagnostic Measures: (Ordered lab tests, CXR, EKG, Consults, etc.)

Obtain X-ray report D/c back to home camp MD @ home camp to schedule for appt @ Dr. Syrbey

Therapeutic Measures: (Ordered meds or • S, treatments, etc.)

if indicated

Patient Education: (Advise given re: clinical / lab findings, follow up, additional / alternative treatments, etc.)

Pt informed of & plan agreed

Follow Up: • Yes • No yes, in _____ Days Wks Mnts (circle) Appt. Date: ____/____/____ • Refer to _____ CIC Clinic

• Problem List reviewed and updated as clinically indicated

Signature and Credential
A/ela/M. GarciaMD / NP / PA
(circle)

Active Meds

09/04/2012

Site Name: GA DIAGNOSTIC CLASSIF PRISON
Inmate Name: ROBBINS, MARQUISE A - 1000413667

Rx #	Start Dt	Stop Dt	Drug Name/Sig	Units	Physician
577693	09/04/2012	09/11/2012	ACETAMINOPHEN/COD #3 TABLET TAKE 2 TABLETS 3 TIMES A DAY	21	ALEXANDER, LYDIA
577695	09/04/2012	09/14/2012	GENTAMICIN 3MG/ML EYE DROPS PLACE 2 DROPS IN AFFECTED EYE(S) FOUR TIMES A DAY FOR 10 DAYS **LABEL ONLY-GIVEN	1	ALEXANDER, LYDIA

Aleta M. Gardner, M.D.
SEP 04 2012

GEORGIA DEPARTMENT OF CORRECTIONS

Name: Robbie McJens

MD, NP, PA Medical Encounter Form

EF or S/S No.: 100041366**BALDWIN SP**Date: 9/7/12 Time: 1115Date of Birth 3/2/83 Race B Sex M

S: Patient states, with respect to his condition:

Type of Encounter: ☒ Routine ☐ Urgent/Emergent

HPI:

S/P Assault 6 days ago
photophobia. Swims in the clo

Other Medical/CIC Conditions:

Medications:

Gentamycin eye qtzO: BP: 126/79 HR: 86 RR: 16 T: 98.6 Today's Wt 161 Previous Wt 161 on 9/6/12 (date)Peak Flow Measurement: _____ mL Pulse Ox: _____ % (• Room air • O₂ @ _____ Liters) Finger stick glucose _____ mg/dL

PE Findings:

NAD, A+O x 3HENT: Sub orbital ecchymosis bilat, sclera
reddened bilat eyes, eyes tearing + I/K spirit
CON: mm pup: clear bilat

Recent Lab/Diag. Test Results:

A: S/P Assault. @ Conjunctival Hemorrhage bilat

P: Diagnostic Measures: (Ordered lab tests, CXR, EKG, Consults, etc.)

Q

Therapeutic Measures: (Ordered meds or • treatments, etc.)

Zm prof 800mg PO BID x 7 days
prn

Patient Education: (Advise given re: clinical / lab findings, follow up, additional / alternative treatments; etc.)

Prescribed on
eye gts insertion. Cont eye gts until gone
B/C per problems or to painFollow Up: • Yes • No If yes, in per Days Wks Mnts (circle) Appt. Date: 1

• Refer to _____ CIC Clinic

• Problem List reviewed and updated as clinically indicated

Chadon FMD-C MD / NP / PA
Signature and Credential (circle)

MD, NP, PA Medical Encounter Form

BALDWIN SP

Facility: _____ Date: 9/19/12 Time: 1530 EF or S/S No.: _____
Date of Birth: ____/____/____ Race: ____ Sex: ____

S: Patient states, with respect to his condition:

Type of Encounter: ☒ Routine ☐ Urgent/Emergent

HPI: ① ch white rash - "over a year" - Rsd
7/12 5 results 0 itch

② also, @ ear vagina fullness S&P lumpy

Other Medical/CIC Conditions: None

Medications: None

O: BP: 127/90 HR: 97 RR: 22 T: 97.7 Today's Wt 163 Previous Wt 161 on 9/7/12 (date)

Peak Flow Measurement: _____ mL Pulse Ox: _____ % (• Room air • O₂ @ _____ Liters) Finger stick glucose _____ mg/dL

PE Findings: MAD

my head to @ this 2 candles
meant - water

① HR ② glucose ③ CBC ④ spec ⑤ penicillin = pink skin
at hip

Recent Lab/Diag. Test Results:

A: ① ② DIL's - Disproven
③ white discoloration of skin
'scaly'

P: Diagnostic Measures: (Ordered lab tests, CXR, EKG, Consults, etc.)

166
circumcised

Therapeutic Measures: (Ordered meds or •s, treatments, etc.)

① Mycology cream AAA QD
② SAM x 30 Days

Patient Education: (Advise given re: clinical / lab findings, follow up, additional / alternative treatments, etc.)

- He if could S&P of penis area
- water under skin

Follow Up: • Yes • ☒ No If yes, in _____ Days Wks Mnts (circle) Appt. Date: ____/____/____ • Refer to _____ CIC Clinic

• Problem List reviewed and updated as clinically indicated

[Signature] MD / NP / PA
Signature and Credential (circle)

PI - 3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1

3

2

4

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

23° Observation s/p Physical
Allocation
VS @ 6°

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

Notify ALP for
B/P $\geq 180/110$ or $< 80/50$
HR > 118 < 50
R > 24 < 12
T ≥ 100.4

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

~~Notify~~
Tylenol #3 $\overline{\text{ii}}$ po NOW then
Tylenol #3 $\overline{\text{ii}}$ po TID PRN X24

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

① Ibuprofen 400 mg q6h PRN x30
Aspirin - 1 bottle. 2 PRN (W/F)

② Ensure 1 TBW x 7 days
③ Tylenol #3 $\overline{\text{ii}}$ TID x 7 days
④ Alp Flu on Tuesday & Facial Fracture
⑤ Soft diet x 7 days

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

⑥ 3 x 7 meals x 7 days CHS snack
x7d

⑦ Ice pack TID x 7 days

⑧ Gentamycin ophth stts 2 stts QID
x 10 days

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(V)

Robbins, Marguerite
100041365
3/2/83

PATIENT'S NAME

NKDA

(V)

Robbins, Marguerite
100041365
3/2/83

PATIENT'S NAME

NKDA

(V)

Robbins, Marguerite
100041365
3/2/83

PATIENT'S NAME

NKDA

(V)

Robbins, Marguerite
100041365
3/2/83

PATIENT'S NAME

NKDA

(V)

NKDA

PATIENT'S NAME

Robbin Ma
100041
3/2/1

NKDA

PI - 3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1

11/20/12

3

2.

4.

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S), UNLESS CHECKED HERE.

(✓)

Mycolog 15 gm AAA BID x 21 days

PATIENT'S NAME

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

Mycolog 15gm AAA BID x 21 days
S.M.
COPAY

PATIENT'S NAME

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

PPD SKIN TEST 0.1 ML

VO: Dr. Akonwanne / Julius Samuel, Jr. 3-26-12 1500

PATIENT'S NAME

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

Ophthalmology referral
Zampier

PATIENT'S NAME

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

(✓)

P/O MYCOLOG 15gm AAA bid x 30 DAYS

VOID COPAY Sam

PATIENT'S NAME

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

PI - 3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1

3

2

4

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
ANOTHER BRAND OF A GENERALLY EQUIVALENT PRODUCT
IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

To Dr. Gardner/C. Blum 9-2-12 1845
D/C 23° to status to home status
dx S/P allocation.

(V)

PATIENT'S NAME

Robbins, Marquise
100041366
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

24° Chart - Complete 9-2-12
9/4/12 0000: 24° chart check completed - Fye

(V)

PATIENT'S NAME

UKDP

Robbins Marquise
100041366
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

May go back to home camp

(V)

PATIENT'S NAME

Robbins Marquise
100041366
3/2/83

MD at home camp to Schenk
Fm to Dr. Syrbens as indicated

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

29 yr old New Intake
R/O Gentamicin 3mg/ml eye gts. Place II
drops in Affected eye 9/10 x 70 days
Ensam 1 can TID x 7 days
1 Ice Pack x 7 days. 9/16/12
V/O Dr. Akumona 9/17/12 1100 9/16/12 1930

(V)

PATIENT'S NAME

Robbins Marquise
100041366
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

Ref M/Lost TE 9/14/12 Next 3/13
Lost PPD 9/24/12 Next 3/13
V/O Dr. Akumona 9/16/12 1930

(V)

PATIENT'S NAME

Robbins, Marquise
100041366
3/2/83

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

BM

Active Meds

09/05/2012

Site Name: GA DIAGNOSTIC CLASSIF PRISON
Inmate Name: ROBBINS, MARQUISE A - 1000413667

Rx #	Start Dt	Stop Dt	Drug Name/Sig	Units	Physician
577693	09/04/2012	09/11/2012	ACETAMINOPHEN/COD #3 TABLET TAKE 2 TABLETS 3 TIMES A DAY	21	ALEXANDER, LYDIA
577695	09/04/2012	09/14/2012	GENTAMICIN 3MG/ML EYE DROPS PLACE 2 DROPS IN AFFECTED EYE(S) FOUR TIMES A DAY FOR 10 DAYS **LABEL ONLY-GIVEN	1	ALEXANDER, LYDIA

CJ minor
9-5-12

PI - 3003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1

3

2

4

AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER
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IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE
THERAPEUTIC INGREDIENT(S), UNLESS CHECKED
HERE.

↓

- 1) Kenalog Cream apply topically to affected skin
BID x 30 days (stat) (Co-pay charged)
✓ Fasting plasma glucose CBC 7/30/12
no fr in 4 weeks 8/23/12

PATIENT'S NAME

Robins, Margius
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

NKDA

Transport to OPMC via ambulance
for evaluation of head trauma?
puncture wounds
V/O Dr. Daly Rmple. Bradford 9/1/12 1105

PATIENT'S NAME

Robins, Margius
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

NKDA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

NKDA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

NKDA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

NKDA

PATIENT'S NAME

Robins, Margius
1000413667
3-2-83 Bim
Baldwin 80

PI - 9003

GEORGIA DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

TRANSFER THESE SENSITIVITIES TO EACH NEW ORDER SHEET

ALLERGY and
MEDICATION
SENSITIVITY
INFORMATION

1.	2.	3.	4.
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AUTHORIZATION IS GIVEN TO DISPENSE AND ADMINISTER ANOTHER BRAND OF A GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S), UNLESS CHECKED HERE.

- 1) Kenalog Cream apply topically to affected skin
BID x 30 days (AM) (Co-pay changed)
2) Fasting plasma glucose CBC (7/30/12)
3) mg HbA1c in 4 weeks 8/23/12

Robbins, Marguire
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

DR. B. DALRYMPLE MD

DATE

7/24/12

TIME

10:40

SIGNATURE

SB

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

NKDA

Transport to DRMC via ambulance
for evaluation of head trauma &
puncture wounds
V/O Dr. Dalrymple / Bradford 9/1/12 1105

PATIENT'S NAME

Robbins, Marguire
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

Dr. B. Dalrymple

DATE

9/1/12

TIME

1:00

SIGNATURE

SB

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

NKDA

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robbins, Marguire
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robbins, Marguire
1000413667
3-2-83 Bim
Baldwin 80

PHYSICIAN'S SIGNATURE

DATE

TIME

SIGNATURE

SEND DUPLICATE TO PHARMACY

PATIENT'S NAME

Robbins, Marguire
1000413667
3-2-83 Bim
Baldwin 80

NKDA

NAME: _____ ID #: _____

Questions:

1. Was the allegation of staff on inmate/probationer abuse? ☐ Yes ☒ No
 If "Yes," notify the Office of Special Investigation, (404) 657-7588. (Fax # 478-472-3771)

Person notified: _____ Date/Time of Notification: _____

2. Was the allegation of inmate/probationer on inmate/probationer abuse? ☒ Yes ☐ No
 If "Yes," notify facility security?

Person notified: _____ Date/Time of Notification: _____

3. Is the inmate/probationer willing to be interviewed by security? ☐ Yes ☒ No
 Does the inmate/probationer request the specially trained counselor be present during the interview? ☐ Yes ☐ No N/A

4. Did the inmate/probationer refuse the initial mental health evaluation? ☐ Yes ☒ No

If "Yes," date of the next interview: (To be done within one week.) N/A

5. Was there a second attempt to evaluate the inmate/probationer? ☐ Yes ☐ No N/A
 Did the inmate/probationer refuse the evaluation on the second attempt? ☐ Yes ☐ No N/A

If "Yes," date of the next interview: (To be done within one week.) N/A

Attach the progress note.

6. Did the inmate/probationer refuse the third attempt to evaluate? ☐ Yes ☐ No N/A

If "Yes," inform the inmate/probationer that mental health services are available whenever they are desired.

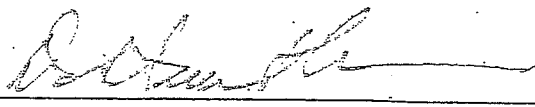
Attach the progress note.

☐ Make sure observations of the inmate's/probationer's mental status are documented in the progress note.

☐ If further evaluation or mental health treatment is recommended and the inmate/probationer agrees, review the case with the Mental Health Unit Manager and treatment team.

☐ If the specially trained counselor and the inmate/probationer see no need for counseling or treatment after the initial evaluation, inform the inmate/probationer that further mental health services are available upon request.

Specially Trained Counselor's Signature/Title/Date: _____

Licensed Clinician's Signature/Title/Date: 
 (To be signed within two days.)

NAME: _____

ID #: _____

2. Assessment: (Include mental status data and determination of whether inmate/probationer is likely to need further evaluation or mental health treatment.)

Inmate is oriented x4 clear/coherent. Mood is depressed. To continue effort. He is motivated to participate in therapy!! He will be seen by his floater in COT and Counselor Andruska for EMDR. He does not want back on the compound.

3. Plan: (Present the plan in terms of the problem.)

weekly therapy for COT and EMDR and a referral to psychiatrist. The inmate refuses to seek to security.

Attach signed "Consent for Treatment" form.

ATTACH
SOP IIB0

WITNESS STATEMENT

PLACE <u>BSP</u>	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <u>SLAW Stephen L</u>	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER
INSTITUTION OR ADDRESS Baldwin State Prison			

SWORN STATEMENT

I, SLAW Stephen L, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I was notified by Milton E. Chava a sexual
assault had occurred involving Matthew
Robbins. I contacted the Area Prosecutor and
the Warden of Security was notified.

[Signature]

INITIALS OF PERSON MAKING STATEMENT
SLS

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND
BE INITIALED AS "PAGE _____ OF _____ PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL
BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
MENTAL STATUS EVALUATION

INSTITUTION: _____
NAME: _____
ID #: _____
DOB: _____
RACE: _____ SEX: _____

<p>1. DRESS</p> <p><input checked="" type="checkbox"/> Appropriate/clean clothes</p> <p><input type="checkbox"/> Disheveled/soiled clothes</p> <p><input type="checkbox"/> Inappropriate/non-clothes</p> <p>2. HYGIENE</p> <p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Adequate</p> <p><input type="checkbox"/> Poor</p> <p>3. APPEARANCE</p> <p><input type="checkbox"/> Meticulous</p> <p><input checked="" type="checkbox"/> Appropriate</p> <p><input type="checkbox"/> Unkempt</p> <p>4. FACIAL EXPRESSIONS</p> <p><input checked="" type="checkbox"/> Appropriate to verbal content</p> <p><input type="checkbox"/> Inappropriate</p> <p><input type="checkbox"/> Bizarre</p> <p><input type="checkbox"/> Minimized</p> <p><input type="checkbox"/> Fixed</p> <p>5. TONE OF VOICE</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Loud</p> <p><input type="checkbox"/> Soft</p> <p><input type="checkbox"/> Monotone</p> <p>6. RATE OF SPEECH</p> <p><input checked="" type="checkbox"/> Appropriate</p> <p><input type="checkbox"/> Rapid</p> <p><input type="checkbox"/> Slowed</p> <p>7. MANNER OF SPEECH</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Pressured</p> <p><input type="checkbox"/> Hesitant</p> <p><input type="checkbox"/> Stuttering</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Emotional</p> <p>8. SPEECH CONTENT</p> <p><input checked="" type="checkbox"/> No unusual aspects noted</p> <p><input type="checkbox"/> Morbid</p> <p><input type="checkbox"/> Perseverative</p> <p><input type="checkbox"/> Ideas of reference</p> <p><input type="checkbox"/> Excessive Somatization</p> <p><input type="checkbox"/> Hyper-religiosity</p> <p><input type="checkbox"/> Nonsensical</p> <p><input type="checkbox"/> Electively Mute</p> <p>9. THOUGHT PROCESS</p> <p><input checked="" type="checkbox"/> Logical/Coherent</p> <p><input type="checkbox"/> Illogical/Incoherent</p> <p><input type="checkbox"/> Circumstantial</p> <p><input type="checkbox"/> Tangential</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Blocking</p> <p>10. DELUSIONS APPARENT</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Persecutory</p> <p><input type="checkbox"/> Self-deprecatory</p> <p><input type="checkbox"/> Grandiose</p> <p><input type="checkbox"/> Somatic</p>	<p>11. SELF-INJURY</p> <p><input checked="" type="checkbox"/> No thoughts of self-injury</p> <p><input type="checkbox"/> Current thoughts of self-injury</p> <p><input type="checkbox"/> Current plans for self-injury</p> <p><input type="checkbox"/> Recent attempts or acts of self-injury</p> <p><input type="checkbox"/> Past attempts or acts of self-injury</p> <p><input type="checkbox"/> Occasional/passing thoughts of suicide</p> <p><input type="checkbox"/> Preoccupying thoughts of suicide</p> <p><input type="checkbox"/> Suicide plan</p> <p><input type="checkbox"/> Recent suicide attempt</p> <p><input type="checkbox"/> Past suicide attempt</p> <p>12. OTHER-INJURY IDEATION/BEHAVIOR</p> <p><input checked="" type="checkbox"/> No history of assaultive behavior</p> <p><input type="checkbox"/> History of infrequent assaultive behavior</p> <p><input type="checkbox"/> History of frequent assaultive behavior</p> <p><input type="checkbox"/> Recent assault</p> <p><input type="checkbox"/> Homicidal ideation</p> <p><input type="checkbox"/> Homicide plan</p> <p><input type="checkbox"/> Past homicide attempt</p> <p><input type="checkbox"/> Recent homicide attempt</p> <p><input type="checkbox"/> Past homicide</p> <p><input type="checkbox"/> Recent homicide</p> <p>13. HALLUCINATIONS APPARENT</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Visual</p> <p><input type="checkbox"/> Tactile</p> <p><input type="checkbox"/> Other</p> <p>14. MOOD</p> <p><input type="checkbox"/> Undetermined</p> <p><input type="checkbox"/> Euthymic (normal)</p> <p><input type="checkbox"/> Apathetic</p> <p><input type="checkbox"/> Dysphoric (sad)</p> <p><input checked="" type="checkbox"/> Anxious</p> <p><input type="checkbox"/> Fearful</p> <p><input type="checkbox"/> Suspicious</p> <p><input type="checkbox"/> Irritable</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Euphoric (elevated)</p> <p>15. AFFECT</p> <p><input checked="" type="checkbox"/> Appropriate to status</p> <p><input type="checkbox"/> Broad</p> <p><input type="checkbox"/> Exaggerated</p> <p><input type="checkbox"/> Labile</p> <p><input type="checkbox"/> Inappropriate</p> <p><input type="checkbox"/> Restricted</p> <p><input type="checkbox"/> Flattened</p> <p>16. SLEEP PATTERN</p> <p><input type="checkbox"/> Normal</p> <p><input checked="" type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Frequent waking</p> <p><input type="checkbox"/> Decreased hours</p> <p><input type="checkbox"/> Restlessness</p> <p><input type="checkbox"/> Increased hours</p> <p><input type="checkbox"/> Early morning waking</p> <p><input type="checkbox"/> Nightmares</p>	<p>17. EATING BEHAVIOR</p> <p><input type="checkbox"/> No problem</p> <p><input checked="" type="checkbox"/> Loss of appetite</p> <p><input type="checkbox"/> Increase in appetite</p> <p><input type="checkbox"/> Fasting</p> <p><input type="checkbox"/> Hunger strike</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Rapid weight gain or loss</p> <p>18. ORIENTATION</p> <p><input type="checkbox"/> Time</p> <p><input type="checkbox"/> Place</p> <p><input type="checkbox"/> Person</p> <p><input type="checkbox"/> Situation</p> <p><input type="checkbox"/> Times four</p> <p>19. MEMORY</p> <p><input checked="" type="checkbox"/> No notable impairment</p> <p><input type="checkbox"/> Impaired immediate recall</p> <p><input type="checkbox"/> Impaired recent memory</p> <p><input type="checkbox"/> Impaired remote memory</p> <p>20. ESTIMATED INTELLECTUAL LEVEL</p> <p><input checked="" type="checkbox"/> Above average</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Possible retardation</p> <p>21. JUDGEMENT</p> <p><input checked="" type="checkbox"/> Above average</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Variable</p> <p>22. INSIGHT</p> <p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Extremely limited</p> <p>23. IMPULSE CONTROL</p> <p><input checked="" type="checkbox"/> Over-controlled</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p>24. INTERACTION WITH EXAMINER</p> <p><input checked="" type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Uncooperative</p> <p><input type="checkbox"/> Domineering</p> <p><input type="checkbox"/> Ingratiating</p> <p><input type="checkbox"/> Manipulative</p> <p><input type="checkbox"/> Dependent</p> <p><input type="checkbox"/> Evasive</p> <p><input type="checkbox"/> Defensive</p>
--	--	---

Evaluator/Title

Arthur J. Green

Date

9-13-12

Reviewer/Title

Date

(2/15/96)

ATTACHMENT
SOP IIB05-0001

WITNESS STATEMENT

PLACE <u>D Bldg</u>	DATE <u>9/12/12</u>	TIME <u>1400</u>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <u>Register, Melissa S.</u>	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER <u>1010650</u>
INSTITUTION OR ADDRESS <u>Baldwin State Prison</u>			

SWORN STATEMENT

I, Melissa S. Register, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 9/12/12 at approximately 0845 hrs a confidential informant advised me that Inmate Marquise Robbins GDC 1000413667 that goes by the nickname "Jersey" had been tied up, physically beaten, hot water had been poured on his genitals, and he had been penetrated in his anus with a broom handle on 9/1/12 in G2 Dorm. The Confidential Informant stated the attack was a result of gang members in the dorm discovering via a text message on one of their cell phones that Inmate Robbins had told "snitched" on them. The confidential informant told me Inmate Robbins was a "Bloods" gang member. The confidential informant also informed me that Inmate Robbins was beaten/tortured for an extended period of time and was screaming out in pain while he was being beaten, burned, and penetrated with the broom stick but the gang members forced Inmate Robbins to get into the shower and that this is where Inmate Robbins was when the Officer entered G2 to count/make rounds. I coordinated with Acting Deputy Warden Jordan to have Inmate Robbins escorted from segregation to my office. Inmate Robbins was interviewed by Dr. Sloan and I. Inmate Robbins reported he was beaten, burned with hot/scalding water, tied up with his hands behind his back and that his feet were also bound, that gang members tried to rape him anally with a broom handle but he did not believe they were able to do so and then just resorted to beating him with the broom handle. He stated he blacked out several times but not for long periods of time and that is why he is relatively sure he was not raped with the broom handle. He denied being penetrated with any other objects either anally or orally. He refused to name the perpetrators but acknowledged they were gang members. He stated he did not want to be

INITIALS OF PERSON MAKING STATEMENT

MSRPAGE 1 OF 2 PAGESADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES" WHEN ADDITIONAL PAGES ARE UTILIZED. THE BACK OF PAGE 1 WILL BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

2/15/96)

ATTACHMENT 3
SOP IIB05-0001

WITNESS STATEMENT

PLACE	DATE	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY ACCOUNT NO.		STATE SERIAL NUMBER

INSTITUTION OR ADDRESS

Baldwin State Prison

SWORN STATEMENT

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

*I'm mute does not want to make a
State exam. He refused on 9-12-12 @ 1145
hrs.*

*He also does not want to talk to security.
transcribed by B. Steve Sloan
Macarise Kottin*

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND
BE INITIALED AS "PAGE _____ OF _____ PAGES". WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL
BE LINED OUT. AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT CONTINUED

interviewed by security regarding this matter. Inmate Robbins is already housed in a single cell in segregation for his safety. Dr. Sloan is to complete the sexual allegation evaluation.

AFFIDAVIT

I, Melissa S. Register, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Melissa S. Register
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 20____

INSTITUTION OR ADDRESS:

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

INSTITUTION OR ADDRESS:

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

MSR

PAGE 2 OF 2 PAGES

GEORGIA DEPARTMENT OF CORRECTIONS

Facility:

BSP

MH/MR PROGRESS NOTE

Name:

Marques Robins

ID#:

100043667

Date:

9-13-12

Race:

B

Sex:

M

I. Data: Purpose: ☒ Individual Counseling Session [] Evaluation [] Rounds [] Crisis
 [] Other: _____

Chief Complaint:

depression

Target Symptom(s) from Treatment Plan addressed in this contact:

depression

Attitude:

fair

Hygiene:

good

Orientation:

x4

Suicide Ideation:

denies

Judgement:

fair

Mood:

depressed

Affect:

flat

Homicidal Ideation:

denies

Thought Processes and Content:

clear/coherent

Description of session (include discussion of abnormal findings):

Thoughts of sexual assault still dominate his memory everyday. We started talking about techniques to minimize nightmares.

Interventions:

active listening

II. Assessment: Problem/Target Symptoms [] Worse [] Unchanged [] Improved [] Eliminated

Diagnosis:

adj. NO E. depression

Unchanged/Changed as of:

(circle)

(date)

Comments:

Stable but discomfort

III. Plan: (present the plans in terms of the problems):

see on weekly basis

Next Appointment:

1 w/c

Page

of

1

[] Attachment

Steve Span

(Signature/Title)

DR STEVE SPAN

(Printed/Typed Name)

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
ISOLATION/SEGREGATION ROUNDS

48 HOUR WEEKLY
(Circle)

DATE: 9/12/12

NAME: Marquise Robinson
GDC#: 1000413667
DOB: 3-2-83
RACE: B SEX: Male
FACILITY: BALDWIN STATE PRISON

DATA: Date inmate was placed in Isolation/Segregation: 5-6-12
(circle)

Reason for Isolation/Segregation placement: MH
Chief Complaints: NA

Inmate MSE findings: (comment on pertinent findings)

- ☐ Psychosis: NA
- ☐ Depression: NA
- ☐ Self-Injurious Thoughts: denies
- ☐ Suicidal Intent: denies
- ☐ Aggression: NA
- ☐ Situational Upset: NA
- ☒ MSE within normal range (no problems)

ASSESSMENT: Are there any contra-indications to lock-down? ☐ YES ☒ NO

Comments: Continue to monitor.

PLAN: As long as the inmate/probationer remains in Isolation or Segregation will monitor weekly for contra-indication to lock-down and the need for further services.

Stephen L. Sloan PhD
Signature

MHC
Title

This is to be done:

- Within two (2) working days of a mental health inmate being placed in isolation/segregation.
- Weekly on ALL mental health inmates in isolation/segregation.

GEORGIA DEPARTMENT OF CORRECTIONS

Facility: BSC

MH/MR PROGRESS NOTE

Name: Marques RobbinID#: 1000 413667Date: 10-18-12Race: B Sex: MI. Data: Purpose: ☒ Individual Counseling Session ☐ Evaluation ☐ Rounds ☐ Crisis
☐ Other: _____Chief Complaint: fearTarget Symptom(s) from Treatment Plan addressed in this contact: paranoiaAttitude: fair Hygiene: fair Orientation: x4 Suicide Ideation: deniesJudgement: fair Mood: Stable Affect: com Homicidal Ideation: deniesThought Processes and Content: clear/coherentDescription of session (include discussion of abnormal findings): Inmate continues to have flashbacks re: sexual assault. He says they are less frequent. He was given new med which seems to be helping. He reports med complianceInterventions: address his fearII. Assessment: Problem/Target Symptoms ☐ Worse ☐ Unchanged ☐ Improved ☐ EliminatedDiagnosis: AD 5 d/o, Per D/MS Unchanged/Changed as of: _____
(circle) (date)Comments: appear stableIII. Plan: (present the plans in terms of the problems): continue to see as neededNext Appointment: 1 monthPage 1 of 1 ☐ Attachment[Signature]
(Signature/Title)DR STEVE SOR
(Printed/Typed Name)

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SERVICES
ISOLATION/SEGREGATION ROUNDS

48 HOUR WEEKLY
(Circle)

DATE: 10-9-12

NAME: Morgan Rolkin
GDC#: 1008413667
DOB: 3-2-83
RACE: B SEX: Male
FACILITY: BALDWIN STATE PRISON

DATA: Date inmate was placed in Isolation/Segregation: 9-6-12
(circle)
Reason for Isolation/Segregation placement: Pres
Chief Complaints: None

Inmate MSE findings: (comment on pertinent findings)

- ☐ Psychosis: None
- ☐ Depression: None
- ☐ Self-Injurious Thoughts: Denies
- ☐ Suicidal Intent: Denies
- ☐ Aggression: None
- ☐ Situational Upset: None
- ☒ MSE within normal range (no problems)

ASSESSMENT: Are there any contra-indications to lock-down? ☐ YES ☒ NO

Comments: Continue to monitor.

PLAN: As long as the inmate/probationer remains in Isolation or Segregation will monitor weekly for contra-indication to lock-down and the need for further services.

Stephen L. Sloan PhD
Signature

MH/MR Counselor, Sr.
Title

This is to be done:

- Within two (2) working days of a mental health inmate being placed in isolation/segregation.
- Weekly on ALL mental health inmates in isolation/segregation.

GEORGIA DEPARTMENT OF CORRECTIONS

MH/MR SERVICES

CONSENT TO MH/MR EVALUATION OR TREATMENT

Institution: _____

Name: _____

ID #: _____

DOB: _____

Race: _____ Sex: _____

It is important that you know the limits of confidentiality regarding mental health information that is maintained in your medical and mental health records. Information disclosed by you, as a patient to a mental health care provider, will be treated with sensitivity and recognition of your right to privacy. However, there are certain circumstances where confidentiality between you as the patient and the mental health care provider is limited. I will not divulge anything you tell me without your permission unless I believe that I am bound to do so by professional ethics, procedures of the Department and/or law. Also, access to information in your medical mental health record may be permitted by law, departmental procedures, judicial proceedings, accreditation review, professional audits, or when authorized by you. We will strive to safeguard information obtained from you and ensure that only authorized sources have access to it.

If you tell mental health staff that you intend to harm yourself or someone else, or threaten the security of the institution, mental health staff will advise other institutional staff of such danger, in order to protect your well being and that of others. Furthermore, Mental Health staff that become aware that an inmate/probationer housed by GDC may have been subjected to sexual abuse, sexual contact or sexual harassment must immediately notify (must tell policy) the Warden/Superintendent or his/her designee.

If you have any questions about the limits of confidentiality, please ask us for clarification.

Your signature below indicates that you have read this statement or it was read to you, that you understand the limits of confidentiality within the Department of Corrections and that you agree to receive mental health services.

A copy of this form will be given to you after you have signed it.

Inmate/Probationer Name

9/12/12

Date

Staff Signature/Title

9.12.12

Date

GEORGIA DEPARTMENT OF CORRECTIONS
MH/MR SEXUAL ALLEGATION
FOLLOW-UP REPORT

INSTITUTION: RSP
NAME: Margaret Robinson
GDC #: 100041367
DOB: 3.2.83
RACE: B SEX: M

This inmate was involved with a sexual allegation on 9-1-12 (date).

The allegation was inmate on inmate

Signature/Title: K. K. K. Date: 9-13-12

CONFIDENTIAL

GEORGIA DEPARTMENT OF CORRECTIONS

INSTITUTION: _____

MH/MR INITIAL SEXUAL ALLEGATION

NAME: _____

EVALUATION

ID#: _____

DOB: _____

RACE: _____

SEX: _____

Specially Trained Counselor's Name/Title _____

Relevant Background Information:

1. Correctional History: 1st offense Voluntary manslaughter
MRX 2033

2. Medical: None

3. Mental Health History: None

4. Prior Victimization/Experiences: None

Progress Note: (Do NOT discuss the truth or falsehood of the allegation.)

1. Data: (Identify nature of allegation, behavioral observations, and clinical signs or symptoms of emotional trauma.)

Inmate has daily flashbacks from the sexual
physical assault. He is very resistant to
admission to population. He has a poor appetite
and sleeps very poorly to nocturnal. The
inmate appears depressed and in a constant
state of fear.